

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2		1					52	1
3		1					53	1
4		1					54	1
5		1					55	1
6		1					56	1
7		1					57	1
8	1						58	1
9		1					59	1
10		1					60	
11		1					61	
12		1					62	
13		1					63	
14		1					64	
15	1						65	
16		1					66	
17		1					67	
18		1					68	
19	1						69	
20		1					70	
21		1					71	
22	1						72	
23	1						73	
24		1					74	
25		1					75	
26		1					76	
27	1						77	
28		1					78	
29		1					79	
30		1					80	
31		1					81	
32		1					82	
33		1					83	
34	1						84	
35		1					85	
36		1					86	
37		1					87	
38		1					88	
39		1					89	
40		1					90	
41	1						91	
42		1					92	
43		1					93	
44		1					94	
45	1						95	
46		1					96	
47		1					97	
48		1					98	
49	1						99	
50		1					100	
TOTAL IND.	15						TOTAL IND.	
TOTAL DEP.	44						TOTAL DEP.	
TOTAL CLAIMS	59						TOTAL CLAIMS	